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Bib Data Sheet

CONFIRMATION NO. 4270

SERIAL NUMBER 10/694,474	FILING DATE 10/27/2003	CLASS 716	GROUP ART UNIT 2825	ATTORNEY DOCKET NO. FTIS 1004-1
RULE				

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** CONTINUING DATA *****

gk
None

** FOREIGN APPLICATIONS *****

gk
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/28/2004

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 7	25	8
Verified and Acknowledged	<i>John B. Amos</i> Examiner's Signature	<i>gk</i> Initials			

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TITLE

Mask data preparation

FILING FEE RECEIVED 645	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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